

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014852

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 54

STATE FILE NUMBER

FILED APR 23 1963

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT		c. CITY OR TOWN CASSVILLE	
Length of stay in 1b 1 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST VINCENTS' HOSP.		d. STREET ADDRESS (If outside, give location) 201 MOUNTAIN STREET	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) PEARL DAISY WILLIS		4. DATE OF DEATH Month April Day 12 Year 1963	
5. SEX F.	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/25/95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11a. FATHER'S NAME J.N. Shannon		11b. MOTHER'S MAIDEN NAME Susan Miller	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12b. SOCIAL SECURITY NO. Chas. Willis, Cassville, Mo.	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of left breast metastasizing to lung & liver		INTERVAL BETWEEN ONSET AND DEATH 1 1/2	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Cassville, Mo.	
20g. COUNTY BARRY		20h. STATE MO.	
21. I attended the deceased from 4-11-63 to 4-12-63 and last saw her alive on 4-12-63 Death occurred at 3:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank H. Kern M.D.		22b. ADDRESS Monett, Mo.	
22c. DATE SIGNED 4-15-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/14/63	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
23d. LOCATION (City, town, or county) Cassville, Mo.		23e. STATE MO.	
24. FUNERAL DIRECTOR D.E. Williamson, Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 4-15-63	
26. REGISTRAR'S SIGNATURE Mr. P.D. Cook			

DATE AMENDED
6/7/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Nevada, Missouri

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF INFORMANT

ITEM NO. SHOULD READ

23d Cassville, Missouri

USE BLACK INK

OR TYPEWRITER RIBBON

1612

APR 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Dyle E. Williams

Licensed Embalmer No. 4883

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.